

32692

Customer Number

Patent
Case No.: 58635US002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: JONES, EDWARD L.

Application No.: 10/615663

Group Art Unit: 2873

Filed: July 9, 2003

Examiner: Jessica T. Stultz

Title: LENS HAVING AT LEAST ONE LENS CENTRATION MARK AND METHODS
OF MAKING AND USING SAMEAMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111 AND
PETITION FOR 1 MONTH EXTENSION OF TIMEMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/>	deposited with the United States Postal Service on the date shown below, with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
<input checked="" type="checkbox"/>	transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.
Date <u>10/28/04</u>	Signed by: <u>Owen G. Ziehl</u> Signed by: Owen G. Ziehl

10/28/2004 REINLEY (000)

01 FC:1251 110.00 L

Dear Sir:

This is in response to the outstanding Office Action, dated June 10, 2004, in the above-identified application.

Under the provisions of 37 C.F.R. § 1.136(a), Applicant petitions to extend the period for filing a reply in the above-identified application. The requested extension and appropriate fee are as follows (check time period desired):

- ☒ 37 CFR § 1.17(a)(1) - Extension within first month
☐ 37 CFR § 1.17(a)(2) - Extension within second month
☐ 37 CFR § 1.17(a)(3) - Extension within third month
☐ 37 CFR § 1.17(a)(4) - Extension within fourth month.

Please charge any fees due, or credit any overpayment to Deposit Account No. 13-3723.

One copy of this sheet marked duplicate is also enclosed.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/615663

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	* 5
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 17	Minus ** 25	= -
Independent	* 2	Minus *** 4	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	90
X42=		OR	X84=	84
+140=		OR	+280=	
TOTAL		OR	TOTAL	924

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	-
X42=		OR	X84=	-
+140=		OR	+280=	-
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	